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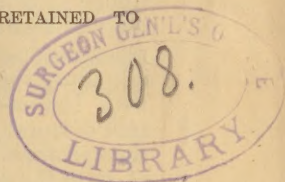
A CASE OF INCOMPLETE ABORTION IN TWIN PREGNANCY.

ONE FETUS LOST AT THIRD MONTH, BUT ITS PLACENTA RETAINED TO
DELIVERY AT TERM OF THE OTHER TWIN.

BY

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Compliments
of

"You can only form the minds of reasoning animals upon facts; nothing else will be of any service to them," said Mr. Gradgrind to the schoolmaster. For such noble souls all speculation upon the subject now presented is but time wasted; to the real student it may possibly be of service in helping to settle the rationale of such curiosities of midwifery.

The clinical history is this :

A woman about 35, usually well, VII para, was at the end of gestation. There had been some feeble abdominal pain through the afternoon, but toward midnight she found herself in active labor, and the child nearly born. The second stage was completed just as I entered the room. A midwife was grasping the uterus externally, but the secundines were undelivered. Substituting my hand for hers, the womb was felt to be well contracted, tender to pressure, and still containing the placenta. The cord was cut and the child removed, when after a little more compression the placenta and membranes came away *en masse*. Examining these, according to custom, I saw at once that I had something unusual. The placenta was quite large and of normal construction, but upon its maternal side lay—something. It was a disc of tissue, tough and yellow, about five inches across and half an inch thick, and resembled a common pan-cake. The edges were beveled, ending in a ragged fringe of thin membranous material. One surface showed traces of blood-vessels, empty and united at a common centre, the other was irregular and nodular. A delicate diaphanous ribbon of tissue, two feet long and half an inch wide, connected the disc with the placenta, and between its layers was thought to be traces of vessels, as it was held up to the light. In a word, it looked very much like a small placenta in advanced fatty degeneration. On the fetal (?) side were small cavities, covered over with thin fibres, in which were tough brownish coagula, one nearly two inches long and as thick as an ordinary lead pencil. No fetus could be found, either upon the bedding or in the cavities in the mass described.

The lady was told of the discovery and immediately gave her explanation of it in this way. This was her ninth pregnancy,

presented by the author.

of which the first was with twins. She had always had quick, easy deliveries, and this pregnancy was like the rest—natural enough, except in one particular. At the third month of gestation she flooded badly for a day or so, and the blood continued to dribble for nearly a whole month. During this time she had a painful lump in the right groin, which a physician, of recognized ability, thought was an abscess, and wanted to lance it. This she would not allow, but an old woman poulticed her with Indian-meal and buttermilk for several days and the sore spot disappeared. Thinking she had miscarried, she looked carefully in the discharges for the baby, but saw nothing but “lumps of flesh.” Soon after she felt life, and from that time to delivery was as well as usual when in the family-way.

The rest of the clinical story is briefly told. There was little hemorrhage after completing the third stage, the uterus contracted well, but was large, reaching up beyond the umbilicus. Manual pressure was complained of, especially over the right side of the fundus. Feeling sure that the tenderness was due to coagula, I attempted to explore the cavity, but could only pass one finger through the cervix, and there detected nothing. Not being in the habit of giving ergot in labor, I simply continued manipulation for an hour, and then left her all right. The next morning she was comfortable, except that the uterus was still quite tender, so much so that she had entirely removed the binder. The whole lying-in was perfectly normal and, she said, better than usual.

The specimen was examined by several experienced obstetricians, who, after careful study of its structure and history, concurred in the opinion that it was a degenerated placenta of between five and six months' growth. The question whether it should be called a mole (*mola carnosae*) is immaterial at this time, since the mere *name* throws little light upon its explanation.

The peculiarities of the case may be summarized thus: Six months after an apparent abortion, a ten-pound healthy child is born by a short easy labor, having the usual normal adnexa. Associated with the placenta is a fleshy mass, with the general characteristics of a placenta, but immature and degenerate. How can such a state of things be accounted for?

Here is no chance to tell of brilliant instrumentation in delivery, nor of life snatched from the very jaws of death. There is an evident warning for caution, in making active interference with a retained placenta, a routine practice after abortion, since, as in this instance, the impregnation may be a double one. But several questions are naturally suggested, like the following: What was the mass? Was this a case of superfe-

tation, with incomplete abortion? If so, why incomplete, either in respect to the placenta of the lost twin, to the other ovum, or the entire uterine contents? How old was the lost fetus, and how long had the placenta been retained? Such a complication may never occur again, and yet "it is the unexpected which happens." At any rate, it should go on record, so that all such anomalies can be studied in their theoretical and practical bearings.

For reasons given, I believe that the specimen was primarily a normal placenta. 1. In the absence of any fetus to which it must have been dependent, was it supplementary (placenta succenturiata) to the other? It does not agree, in general, with classical descriptions of such bodies. "Small accessory placental developments, due to persistence of isolated villous groups, which form vascular connections with the decidua vera." (Lusk.) If secondary, and hence a part of the other, it ought to have had a corresponding vitality, which it did not. The absence of the fetus is no proof that it was not an independent organ, for the soft gelatinous germ in the earlier weeks may be entirely absorbed, while the placenta belonging to it may still be nourished for longer or shorter time. (See case of Skene's reported below.) I do not believe that it was supplementary.

2. Could it have been the placenta that belonged to the preceding gestation, some eighteen months before? It would have been too small for the demands of a full-term child, which that one was. The union, though very slight, between the normal and degenerated placenta implies a living bond that necessarily makes the two correlated parts of the same conception. Besides, on common-sense grounds, the patient herself ought to refute such a surmise, for an experience in eight other deliveries would have taught her that after the child must follow the after-birth. Moreover, her physician is a guarantee that every step in the professional service was taken *secundum artem*. To be sure, cases are recorded where full-term placenta have been absorbed after delivery, but I question whether there is theoretical or practical evidence that one could be stored away in utero from one pregnancy to and through another. The whole physiology of gestation is against such an idea.

I do not, therefore, believe that it belonged to or was held over from the preceding labor.

3. Was this an example of twin fetation, where one twin is

blighted and the other matured; a true illustration of "the survival of the fittest?" Theoretically, such a thing is possible, and the fact is illustrated by actual experience. Lusk says: "In such a case (the death of one twin) the ovum and the contained fetus may be compressed by the surviving twin, and be flattened against the uterine wall, giving rise to the so-called 'fetus papyraceus,' or it may degenerate into a mole; or the aborted ovum may be expelled, while the living fetus advances to the full term of gestation." Stewart reports a case of twin pregnancy continued to term, notwithstanding the death of one fetus; first fetus dead, macerated, and cord decayed, and presented first; second fetus presented by the arm, delivered by version after long effort, but still-born. (AM. JOUR. OBST., Oct., 1879.)

The physiology of multiple conception is decidedly complex. When two ova are impregnated, each may become implanted at separate points upon the decidua vera, and there mature with independent placentæ and membranes. Such was probably the condition in the present instance, as there were two placentæ (allowing, as I do, that this mass under discussion was placental). That it was possible for only one twin to be aborted implies that each was contained in its own special cavity. Now why the abortion was only partial, that is, why the uterus, once aroused to action from whatever cause, should clear itself of only a small part of its burden, and then quiet down again, as if satisfied with that half-hearted work, is very difficult, perhaps impossible to explain. Nor are such irregularities in the manner of abortion restricted to twin conceptions only, but they are found in single ones as well. For, in addition to the case of Stewart (cited above), Garrigues reports an instance of hemorrhage at the fourth month, for four weeks; bleeding ceased and patient felt well; nine months after last menstruation, fetus and placenta in one mass were expelled perfectly fresh, fetus apparently at fourth month, placenta six by eight inches, appeared hard, white, and lardaceous. (AM. JOUR. OBST., Sept., 1884.)

While studying the bibliography of twin fetation, an article in the AM. JOUR. OF OBSTETRICS, Oct., 1881, was found that may perhaps be useful in helping to explain why only one twin was sacrificed. Budin reports two cases of twins where there was a peculiar arrangement of the ova. Before delivery, one

sac had within it another sac, and each had contained a fetus. Nearly the entire circumference of that ovum, situated at the fundus, had been covered by the membranes of the other, except between the two placentaë. Of two hypotheses, he thought that the second ovum (the one delivered last) arrived first in the uterus and grew there; that the ovum (delivered first) afterwards became impregnated, spread from its point of attachment and made room for itself wherever it found space. It thus swallowed up, as it were, the other ovum, and filled the uterus completely. In the first labor, one child had cephalic, the other breech presentation, both were females and lively. In the second case, there were the same presentations, both males, version was used for both, and both saved. The secundines were delivered spontaneously. It seems to me that, with such an arrangement, it would be more possible for one fetus to be expelled and the other retained, than if the more usual method prevailed. Thus if such a condition had existed in my case, after one sac had ruptured and its contents escaped, the uterine tension would have been, by so much, lessened, and the second ovum more kindly supported, even to term.

4. Is there anything in the clinical history to account for the attempted, but incomplete, abortion? As far as the patient herself knew, it was spontaneous, and the first in her life. In the absence of any more evident reason, perhaps the simple unusual distention was stimulus enough to arouse contractions. Once the tension was relieved, the remaining occupant was carried without remonstrance, as at other like occasions, to the normal limit, in spite of the cellulitis that followed the partial abortion. Inflammatory processes about the pregnant womb specially induce premature delivery. That without known cause abortion should take place, and then with a probable cause it should not, are among the queer contradictions in the case. According to "the regular laws of nature," when an organ has outlived its usefulness its vitality ceases, and "its end is destruction." Here is an instance in direct contradiction to those laws. An organ "destined to the hematosis, and perhaps also to the nourishment of the fetus" (Cazeaux) lives on, long after its necessity is ended. Both placentaë were, in fact, nourished impartially for several weeks, when during that time one could not by any possibility have been of the slightest use in the system. Not until after two-thirds of gestation's life had

passed was the parasite cast off, and then so gently that the existence of the rightful dependent was unaffected thereby. The usual means to accomplish the separation was used, that is, by hemorrhage between the two deciduæ. It must have been a localized and gradual action, or else the blood supply of the other ovum would have been unfavorably affected.

But this is only saying, it is so because it is so. As the school-committee-man said, out west, "we know a, b, c is vowels, but we want to know *why* they is vowels." This is just the conundrum at present. Even Lusk, that most accomplished teacher of midwifery, does not give any satisfactory explanation for incomplete abortions. The irregularity of the irregularity is, that of four bodies that could have been expelled, but one of them was so. It is common enough, in single pregnancies, for the placenta to be retained, after the fetus escapes, a longer or shorter time. Hemorrhage takes place, the womb acts vigorously, and the foreign body comes away, piecemeal or entire, often horribly offensive. Rarely is it carried to term, aseptic and entire, and then gotten rid of naturally. Skene reports a case of continued growth of the placenta after the death of the fetus; abortion induced at the seventh month, after flooding at three and one-half months; membranes ruptured and waters large; no fetus found; placenta at fifth month, anemic, but evidently vital when expelled (N. Y. Obst. Soc., Dec. 20th, 1881). But that the womb, with its muscles developed by pregnancy, should attempt to unload itself, at its time of election for premature delivery, and only partially succeed, then afterwards quietly complete its allotted period of gestation, carrying a dead placenta beside a living child and its normal dependencies, is an instance of toleration that is unique even among the curiosities of obstetrics.

I can but think, however, considering all the practical and theoretical bearings of the subject, that it was a case of twin fetation. At the third month one fetus was sacrificed, but the uterine muscles were, at that period, too feeble to complete the work and tear off its placenta. Therefore the latter continued to be sustained, until the uterus, grown stronger, was able to break its vascular connections. Its vitality then ended and it took on the more common form of retrograde metamorphosis. By some strange freak of the economy, the useless mass was graciously tolerated, until its ultimate disposal at the maturity

of the remaining full-grown twin. Could the lost twin's epitaph be written, it might be in those simple yet eloquent lines, "blown and blasted."

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